

FILED FEB 25 1947

Registration District No. **297**

Primary Registration District No. **60-2-2 447**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Ray

(b) City or town Henrietta, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether in this community years, months or days)

In this community 10 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray **89**

(c) City or town Henrietta, Mo. **0**
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No **0**
(Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME George Irwin Williams

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February, day 12th
year 1947 hour 4:00 minute 35 A. M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Alta Williams

6. (c) Age of husband or wife if alive - years

7. Birth date of deceased January 4, 1888
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 21 June 1946 to 12 Feb 1947
that I last saw him alive on 12 Feb 1947
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>59</u>	<u>1</u>	<u>8</u>	hr. _____ min. _____

Immediate cause of death.

Congestive Heart Failure **6 Mos.**

Due to Hypertensive Heart Disease **1 yr.**

9. Birthplace LaFayette County, Mo. **0**
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business "

12. Name Joseph B. Williams

13. Birthplace Unknown Ky **1**
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Ann Trotter

15. Birthplace Unknown Mo. **0**
(City, town, or county) (State or foreign country)

16. (a) Informant Vernon M. Williams

(b) Address Henrietta, Mo.

17. (a) Burial (b) Date thereof 2/15/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Richmond, Mo.

18. (a) Signature of funeral director Quest-Life F. Home

(b) Address Richmond, Mo.

19. (a) Feb. 19 - 1947 (b) Mabel Jackson
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy 930

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature J. Lockrell (M. D. or other) M.D.
Address Richmond, Mo. Date signed 16 Feb 47

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RECEIVED

District Health Officer No. 8,

District File Number -----

Date Filed 2-22-47

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Jouis Forest

Licensed Embalmer No. 4046

P. O. Address. Richmond, Va.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.